

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 18-FEB-2014		TIME 11:28:00		2. ADDRESS OF OCCURRENCE 3146 S DAN RYAN LOCAL DB CHICAGO, IL 60616				3. LOCATION CODE 259		4. BEAT/SCUR 0915				
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME CAULFIELD	7. FIRST NAME ROBERT D	8. STAR NO. 11321	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 510	12. HT. 190						
	14. DATE OF APPT. 27-AUG-2007		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 4115D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME UNKNOWN		21. FIRST NAME		22. M/L <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE	25. D.O.B.	26. HT.	27. WT				
	28. ADDRESS CHICAGO, IL		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
36. CHARGE(S) PLACED				37. CB NO. 00000000		IR NO.		DNA						
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER IN VEHICLE _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____					
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER _____					
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION OFFICER USED DEADLY FORCE TOWARDS AN UNKNOWN INDIVIDUAL THAT POINTED A HANDGUN IN THE DIRECTION OF R/D.									
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO.		UNIT		41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. TASER DART ID NO.		46. WEAPON SERIAL NO. (Include Letters) NPP088		47. CHICAGO GUN REG. NO. R020972S		48. IL FIREARM OWNER ID. NO. 67420342		49. BARREL LENGTH 4.46		50. CALIBER/GAUGE 45 CAL			
CASE INFO.	51. SPECIAL WEAPON CERTIFICATE NO.		52. PROPERTY INVENTORY NO.		53. TYPE OF AMMUNITION USED Department Issued		54. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		55. TOTAL NO. OF SHOTS MEMBER FIRED 14		56. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		57. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	58. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		59. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD		60. DID MEMBER USE SIGNS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. DESCRIBE PROTECTIVE COVER USED (MOUNT POLES, DOORWAYS, CAR, FURNITURE, ETC) IN VEHICLE		62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 06 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		63. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) IN POLICE VEHICLE			
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				71. R.D. NO. HX155363									
	72. REPORTING MEMBER (Print Name) CAULFIELD, ROBERT D				STAR/EMPLOYEE NO. 11321				SIGNATURE [Signature]					
73. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D														
74. DATE REVIEWED 19-FEB-2014 00:28:08														

LOG 1667572
U 14-04
ATT-16

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject currently being interviewed by detectives.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Caulfield acted in compliance with Department policy in that he fired his firearm at an offender in fear for his life, after the offender pointed a handgun at Officer Caulfield.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./GRND. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ANDREWS, CONSTANTIN G

SIGNATURE

DATE COMPLETED

TIME

19-FEB-2014 00:53:28

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5